

Ex. 39

EEOC Form 5 (11/09)

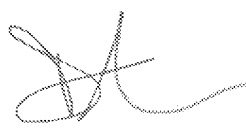

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 450-2022-00064 </div> </div>	
Texas Work Force Commission and EEOC State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) Mr. Daniel Martinez		Home Phone (Incl. Area Code) (915) 345-8311	Date of Birth 3/31/1985
Street Address 13806 Rosebud Isle Dr.		City, State and ZIP Code Manor, Texas 78653	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Texas Department of Public Safety Texas Department of Public Safety		No. Employees, Members More than 500	Phone No. (Include Area Code) (512) 424-5900
Street Address 5805 North Lamar Boulevard		City, State and ZIP Code Austin, Texas 78752	
Name 		No. Employees, Members 	Phone No. (Include Area Code)
Street Address 		City, State and ZIP Code 	
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 09-28-2020 11-15-2021 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)). <p>I was first employed by the Texas Department of Public safety in September 2007.</p> <p>On or about June 2020 I filed an internal EEOC Complaint against my Captian, Mark Koenig, because he discriminated against myself and my unit that consists of "Minorities" by denying myself and members of my unit the same terms, privileges, conditions and opportunities afforded "White" units that reported to Koenig. Further, Koening continuously unfairly assigned heavier work loads, and work conditions to myself and my unit compared to that of the "White" employees and units that reported to Koenig.</p> <p>I was denied promotion to Captain on September 28, 2020 for reasons of my race, National Origin, Disability and in retaliation for protected activities; including filing my internal EEOC Complaint.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY -- When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Date 4/1/22		Charging Party Signature 	

Exhibit
Daniel Martinez
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04/06/23 DR

DPS_0014318

EEOC Form 5 (11/03)

<p style="text-align: center;">CHARGE OF DISCRIMINATION</p> <p style="font-size: small;">This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>	<p>Charge Presented To: _____ Agency(ies) Charge No(s): _____</p> <p> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </p> <p style="text-align: right;">461-2019-01127</p>
<p>Texas Work Force Commission _____ and EEOC</p> <p style="font-size: x-small;">State or local Agency, if any</p>	
<p>I was denied a hardship transfer on December 18, 2020 for reasons of my race, National Origin, Disability and in retaliation for protected activities; including filing my internal EEOC Complaint.</p> <p>I was denied promotion to Captain on November 15, 2021 for reasons of my race, National Origin, Disability and in retaliation for protected activities; including filing my internal EEOC Complaint.</p> <p>I and my unit continue to be victimized by ongoing unlawful discriminatory conduct by the Texas Department of Public Safety and its various agents.</p> <p>Further, I believe that the Texas Department of Public safety maintains a pattern or practice of discrimination against racial and ethnic minorities in promotions. They have been denied promotions to various ranks, including but not limited to the ranks of Captain and above. Also, the Texas Department of Public safety promotional policy has a disparate impact on racial and ethnic minorities because people of color are subject to not being selected for promotions at a disproportionate rate compared with white employees. The Texas Department of Public safety promotional policy is neither job-related nor consistent with business necessity and adversely impacts promotional opportunities for racial and ethnic minority candidates. Minorities are also routinely retaliated against by the Texas Department of Public safety for opposing and participating in processes aimed at abating/addressing said discriminatory practices.</p>	
<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p> <p>I declare under penalty of perjury that the above is true and correct.</p> <p style="text-align: center; margin-top: 20px;">4/1/22</p> <p style="text-align: center; margin-top: 20px;">  </p>	<p>NOTARY -- When necessary for State and Local Agency Requirements</p> <p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>
Date	Charging Party Signature